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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/239,015 10/06/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 11/08/2001**

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|---|------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 10 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

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TITLE

SYSTEM AND METHOD TO SIMULATE HEMODYNAMICS

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| FILING FEE RECEIVED 1202 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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